TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	1	6	0	4	5

S. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEPER, etc.  2. And stury or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked et this occupation (month and year)  2. BIRTHPLACE (city or town).  (State or country)  2. BIRTHPLACE (city or town).  (Stete or country)  2. SIRTHPLACE (city or town).  (Stete or country)  2. Signed as Tocal Registrar   Signed as Tocal Registrar   Other Cestributery Causes of Importance:   Other Cestributery Causes of Importance:   Other Cestributery Causes of Importance:  Nems of operation.  What test confirmed diegnosis?  Was thare an autopsy?  2. Sif death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicida, or homicide?  Dete of Injury.  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  2. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  3. Specify whether Injury in any way related to occupation of daceesad?  10. Manner of Injury.  11. The country of the country of the country of the country of the co	1. PLACE	OF DEATH					
Village or City Cambridge  No. 45 "asiniation prior in Name industries and several and an industries and several and an industries and several and an industries and an industries and an industries. We included a several and an industries. A several and an industries. We included a several and an industries. A several and an industries and an industries and an industries. A several and an industries and an industries and an industries and an industries and an industries. A several and an industries	County	Dorchester	c WITH	N CORPORATE	Registration Dist No. 11	6	
2. FULL NAME  (a) Residence: No.  Cambridge; haryland. (b) Rayland. (c) Residence: No.  Cambridge; haryland. (d) MEDICAL CERTIFICATE OF DEATH  In DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  Lip 1 12th 133 7  (Month) (Day) (Veer)  Lip 1 12th 134 7  (Month) (Day) (Veer)  Lip 1 12th 135 7  Lip 1 12th 135 7  (Month) (Day) (Veer)  Lip 1 12th 135 7  (Month) (Day) (Neer)  Lip 1 12th 135 7  (Month) (Day) (Neer)  Lip 1 12th 135 7  Lip 1 12th 135 7	Village of	r City Cambridge	e x	()if	No. 45 "ashington Street St.,  f death occurred in a hospital or institution, give its NAME instead of street and no	umber)	
(a) Residence: No. Cumplace of abode)    Cumplace of abode)   If nonesident give city or town and State	Length of I	residence in city of town where	7 7 b c	Por Botos	now long in 0.3.11 of foraign births		
PERSONAL AND STATISTICAL PARTICULARS  S. SIX  4. COLOR OR RACE COl.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  S. SIX  4. COLOR OR RACE COl.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  S. SIX  4. COLOR OR RACE COl.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  S. II HARRIED, WIDOWED, OR DIVORCEMENT PARTICULARS  MOTE STATE PARTICULARS  MEDICAL CERTIFICATE OF DEATH  MACH 12th  Salve PARTICULARS  MOTE STATE  11. DATE OF DEATH  MACH 12th  Salve PARTICULARS  MOTE STATE  1. DATE OF DEATH  MACH 12th  Salve PARTICULARS  MOTE STATE  1. LIEST SEAW M.  1. Salve PARTICULARS  MOTE STATE  1. DATE OF DEATH  MACH 12th  Salve PARTICULARS  MOTE STATE  1. LIEST SEAW M.  1. SALVE PARTICULARS  MOTE SEAW M.  1. LIEST SEAW M.  1.		tence: No.	nbridge,	Maryland	If U. S. Veteran, specify WAR		
3. SEX Magle 4. COLOR OR RACE COL. S. SINCLE, MARRIED, WIDOWED, OR DIVOGETY 12-26 word)  5a. If married, widowed, or divorced HUSAAND or (o) Wife or (	(=)		(Usual place	of abode)	If nonresident give city or town and S	itate	
Male col. OR DIVOSCED (STECHS word)  5. If married, widowed, or divorced HUSBAND (Menth) (Oay) (Veer)  5. If married, widowed, or divorced HUSBAND (Oay) Mar 12th, 1937  7. AGE Years Months Days If LESS than 1 day	PERSO	ONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
HUSBAND of (or) WHF of  6. DATE OF BIRTH (month, day, and year) Mar 12th, 1937  7. AGE Yaars Months Days If LESS than till born lday, hers, or min.  8. Trade, profession, or particular sample of the day sample of the day sample of the day sample of the stated above, at Still porm 10:A.  8. Trade, profession, or particular sample of the day sample of th					Mar 12th	193 7 (Yeer)	
6. DATE OF BIRTH (month, day, and year) Mar 12th, 1937  7. AGE Years Months Days If LESS than Iday. hrs. or. min. Iday. hrs. or. min. Items than Iday. hrs. or. hrs. or. min. Items than Iday. hrs. or. hrs.	HUSBAND o	ıf	x				
Sind of work done, as SPINNER, None  SAWYER, BOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)	7. AGE	Yaars Months tillbo:	Days	If LESS than 1 day,hrs.	I last saw h	death is said	
12. BIRTHPLACE (city or town)   Cambridge, (State or country)   Maryland.     13. NAME	8. Trade, pr kind o SAWY	of work dona, es SPINNER, PER, BOOKKEEPER, etc					
12. BIRTHPLACE (city or town)   Cambridge, (State or country)   Maryland.     13. NAME	Work SAW	wes done, as SILK MILL, MILL, BANK, etceased last worked et	11. Total ti		Signed as Local Registrar		
13. NAME	year) 12. BIRTHPLACE	(city or town) Car	mbridge,		Other Contributory Causes of Importance:		
14. BIRTHPLACE (city or town) Pelaware  15. MAIDEN NAME Megaline Batson  16. BIRTHPLACE (city or town) Cambridge,	1						
What test confirmed diegnosis? Was there an autopsy?  15. MAIDEN NAME Megaline Batson  16. BIRTHPLACE (city or town) Maryland.  17. INFORMANT (State or country) Maryland.  18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Ma Dala 3/14/37.19  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  19. UNDERTAKER Cambridge, Maryland.  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  19. UNDERTAKER Cambridge, Maryland.  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  19. UNDERTAKER Cambridge, Maryland.  20. Wes disease or injury In any way related to occupation of dacesad?  21. UNDERTAKER Cambridge, Maryland.  22. Wes disease or injury In any way related to occupation of dacesad?  22. UNDERTAKER Cambridge, Maryland.	MODES .	12 . 4					
Cambridge,  16. BIRTHPLACE (city or town)	14. BIRTHPLA	ace (city or town)——ela	ware				
17. INFORMANT Cambridge, Maryland.  18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md Dale 3/14/37.19  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  18. Burial, CREMATION, OR REMOVAL Place Cambridge, Md Dale 3/14/37.19  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  19. UNDERTAKER Cambridge, Maryland.  20. (Signed) Gallery dry or town, county and State)  Mannar of injury Nature of Injury  19. UNDERTAKER Cambridge, Maryland.  3/12/37 (John Mace, Jr.)  (Signed) Gallery dry or town, county and State)  Mannar of injury Nature of Injury  (Signed) Gallery dry or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicida, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL  Place Cambridge, Md Dale 3/14/37.19  19. UNDERTAKER Lewis H. Bayneum  (Address) Cambridge, Maryland  3/12/37 (John Mace. Jr)  (Signed) Galler Maryland  (Signed) Galler Maryland		Marchina	Bataon	nd.	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
19. UNDERTAKER Lewis H. Bayneum  (Address) Cambridge, Maryland.  3/12/37 (John Mace, Jr., )  (Signed) Gallery Maryland M	18. BURIAL, CREM	MATION, OR REMOVAL					
20. FILED	(Address)	Cambridge	Maryla Mace, J	r.,	24. Wes disease or injury In any way related to occupation of daceesed?		

If more blanks are needed, address pate Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

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Example I VED		Example II	· ·
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  APR 5 1937	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	.1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Il more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

RESERVED

S. No. 1

Ати 028

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Example I			Example II		
The principal cause of of importance were as f	death and related cause ollows: APR 5 1937	S Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephrit	is	921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU Y.	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	ses of importance:		Other contributory causes of importance:	1000000	
Gallstones		May 1,1923	Gastroenteritis	1 year	

AARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD

1	County	Dorch	ester			Registration Dist. No. 1	4	
	Village or	City	Cambridg	6		No. Eastern Shore State Hospital		
	A mage of	City			17 10 (H	f death occurred in a hospital or institution, give its NAME instead of street and s	war	
						sds. How long In U.S. If of foreign birth?yrsyrs.	mosd	
2.	FULL N			hn S. Bra		If U. S. Veteran, specify WAR		
	(a) Reside	ence: No	Wicomico		Maryland	St., Ward.		
	PERSO	NAL AN	D STATIST	(Usual place		If nonresident give city or town at	id State	
3. SI			R OR RACE		RRIED, WIDOWED,	A		
1	Male	Wh	ite	OR DIVORCE	(write the word)	FRALCH 63,	, 193	
ia. I	f married, wide	wed, or divo	rced				(Year)	
	HUSBAND of (or) WIFE of		10 14	V		22. I HEREBY CERTIFY, That I attende	d deceased from	
	APP OF DIR	. //-	J	anuary 5.	1870	1m , 19 , to 77	19.07	
6. D.	ATE OF BIRTH	(month, day	, and year)  Months	Days	If LESS than	to have occurred on the date stated above, at	; death is sai	
	67		2	24	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
. K	8. Trade, prof	fession, or pa	rticular		ormin.	were as follows:	Data of onse	
	kind of SAWYE	work dona, a R, BOOKKEE	S SPINNER, PER, etc	Farmer		July onsulis		
۲.	9. industry or work w	business in as dona, as S ILL, BANK, a	which ILK MILL.	Farms			••	
OCCUPATION	10 Date deces	sed last wor	ked at		time (veare)		**	
	this occ	upation (mon	Hiemdown	Spe Occ	time (years) ent in this Unkno upation	va		
	IDTUDI ACT (	-ia., a., a., .	Quanti			Other Contributory Causes of Importance:		
.c. 1	(State or co			Marylar	ो	Paralasin of bloklar can	7.	
1	13. NAME	Osb	ourne T.	Brady		nclin	-:	
ראוחבת	14. BIRTHPLAC	E (city or to	wn) Quan	tico		Name of operation	- No	
		or country)		Mary!	and	What test confirmed diagnosis?	autopsy? 20	
	15. MAIOEN N	AME .	Annie	·VUV	dy	23. If death was dua to external causas (VIOLENCE) fill in also the following		
A COLUMN			wn)	hington		Accident, suicide, or homicide? Date of injury	, 19	
=	(State o	or country)	57	7.1	C.	Where did injury occur?	-10)	
17. INFORMANT Cambridge, Maryland						(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. B	URIAL, CREMA		EMOVAL D	. 3	131132	Manner of Injury		
	Place	N h	1:0	Date	719	Nature of injury		
19. U	(Address)	Sal	ishull	my of	Ø:	24. Was disease or injury in any way related to occupation of deceased?		
20. F	ILEO 3 - 3	5.1,1	37 00	len In	are p.	(Signed) Cambridge, Maryland		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V MEAL			
Other contributory causes of importance:	11-1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

NT RECORD. Every item of infor-	LY. PHYSICIANS should state	1. Exact statement of OCCUPA-	
S IS A PERMANEN	stated EXACT	properly classified	certificate.
V. BWRITE PLANTLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

1	. PLACE OF DEA	TH			186-24
	County Dor	chester		WITHIN CORP.	Registration Dist. No. II6
	Village or City	ambridge	e, Md.		
					death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mosds.
2	. FULL NAME S	arah E.	Branno	ck	If U. S. Veteran, specify WAR NO
	(a) Residence: No.	29. Ceme	tery Av	e,m	St. Ward.
violene.	(a) hesiachee, ito.		(Usual place	e of abode)	If nonresident give city or town and State
	PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3		gr or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  March Isth  (Month) (Day) (Year)
5a.	If marriad, widowad, or div HUSBAND of (or) WIFE of Lat	e Henry	Branno	ck	22. I HEREBY CERTIFY, That I attended deceased from
£ 1	DATE OF BIRTH (month, da	u and war)	I2/29/I	855	I last saw h aliva on 2/18- 1937 : daath is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2.15 P.M.
	81	2	I9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
N	8. Trada, profession, or p	as SPINNER. TIT	one		
E	SAWYER, BOOKKE	EPER, etc	0110		modern well nell-
UPA	work was dona, as SAW MILL, BANK,	SILK MILL.	x		Temm
OCCUPATION	10. Date deceased last we this occupation (moyear)	orked at	Spi	time (years) ent In this	
	year)	Woolfo		upation	Other Contributory Causes of Importance:
12.	(State or country)	)	Md.		Culmined arting valering
œ	7	Mills			- while day (reams
FATHER	13. NAME JAMES		fords		mont
FAT	14. BIRTHPLACE (city or to (State or country)	own)	Md.		Nama of operation
-		Elizabe		lford	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME			721024	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
OM	16. BIRTHPLACE (city or to (State or country)	own)	Toras,	r a	Accident, suicide, or homicida?
			75177	10	Where did injury occur? (Specify city or town, county and State)
17.	(Addrass) Ca	har lott mbridge		4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR				Manner of Injury Fall in From
	Placehurch (	,			Nature of Injury Fracing merchigher funn
10	GPS	nville	S. LeCo	mpte	24. Was disease or injury in any way related to occupation of deceased? 120
19.	UNDERTAKER	mbridge	, Md.		If so, specify
	4	.37 0-	le -	Mare A	(Signed). Ku Stull 1 M. D
20.	FILED 2 - 19 ,	19-4		Registrar	(Address) Cambrily M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V.S. N

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ADR 5 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
ARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foraign birth?\_\_\_\_\_yrs.\_\_\_\_yrs.\_\_\_ statement If U. S. Veteran, specify WAR. RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH stated EXACTL (Month) classified. 5a. If married, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY. That I attended daceased from certificate. ane 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than 1 day.\_\_\_\_hrs. DEATH and related causes of importance or ..... min. 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION pe pe Jo AGE should may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... on 10. Oate deceasad last worked et 11. Total tima (yaars) this occupation (month and spent in this so that occupation \_\_\_ See instructions 12. BIRTHPLACE (city or town) supplied. (Stete or county in plain terms, FATHER 14. BIRTHPLACE (city or town) .... Name of oparation. (Stata or country) carefully What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: CAUSE OF DEATH Accident, sulcide, or homicide? Data of Injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_. should be (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) Manner of Injury FION is mation Nature of injury. 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED \_ S (Address) \_\_\_\_\_ Registra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	6	0	0	U

1. PLACE OF DEATH	98-8
County Downston NITHIN CORPC	RATE LIMITS 62 Registration Dist. No. 116
// ~ ~.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Delin a. Coop	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write file word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If matriad, widowad, or divorced HUSBAND of (or) WIFE of Albut R - Coopen	22. I HEREBY CERTIFY. That I attanded deceased from 1934, to 2 March 5, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then  1 day,hi  0min.	f last saw h alive on
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carting- selection ?
9_fndusfry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Manage .
10. Date daceesed lest worked at this occupation (month and yaar) 11. Total fime (yaars) spent in this occupation.	
12. BIRTHPLACE (city or town) Massamus Co (Stete or counfry)	Ofhar Contributory Causes of importence:
II 13. NAME Strong White	
14. BIRTHPLACE (city or town) My source (State or country)	Neme of operation Dafe of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due fo external causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide? Dafe of injury
17. INFORMANT AND	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Canche de Mar 11., 193	Manner of injury
19. UNDERTAKER Land & albanys	24. Was diseasa or injury in any way ralated to occupation of deceased? 110
20, FILED 3-10, 1937 John French Register.	(Signad) M. I

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1937				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
		•		

V. S. No. 1 (C) (RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

	County Dorchester	Marylan		Registration	Dist. No. 11	
	Village or City Cambridg  Length of residence in city or town where deet	_		titution, give its NAM	E instead of street and	d number)
2	FULL NAME CHIEF (a) Residence: No. Holing		ds. How long in U.S. in the U.S. Veteral St., Ward.	n, specify WAR		
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. S	-land Caland	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	3 (Month)	<i>20</i> (Day)	, 193 (Yes
<i>(3</i> 6.	If merried, widowed, or divorced HUSBAND of Or halia	Cleshan	0		Y. That I ettende	
6. I	DATE OF BIRTH (month, day, and yeer) Apr	il 18th, 1886	I lest saw h elive on_			
7. A		Days If LESS than I day,hrs	to have occurred on the date st The PRINCIPAL CAUSE OF DE were estollows:	tated above, at EATH end releted cau	ses of Importance	Data of
TION	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	usemant	2 Cerebral	Hemos	loge	3-20
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	10 11, Total time (years)				
	this occupation (month and year)  BIRTHPLACE (city or town)	spent in this occupation.	Other Coutributory Causes of in	•	**	
	(Stete or country)					
FATHER	13. NAME Want fem  14. BIRTHPLACE (city or town) Dart	ferman.	Name of operation			
	(State or country)		Whet test confirmed diegnosis?		Wes there a	n autopsy?.
MOTHER	15. MAIDEN NAME dant for 16. BIRTHPLACE (city or town) day  (Stete or country)	topu	23. If deeth wes due to externel Accident, suicide, or homicide?			
17.	INFORMANT Challed (Address) Cambridge	Cushow Nd. Rt# 3	Specify whether Injury occurred	(Specify city of d In INDUSTRY, In H	or town, county and S OME, or in PUBLIC (	
18.	BURIAL, CREMATION, OR REMOVAL	Dete 3/25th,193	Manner of injury	************		
19.	UNDERTAKER LLAND (Address)	al ma	24. Wes disease or injury in any	y wey related to occu	petion of deceesed?_	N
20.	FILED 3/22/37, 19 John	Registrar.	(Signed) (Address) 2.2	1 Pile	V Germ	lu de

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Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FILREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 21 41

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mportance:

1 year

CIAN

Barnum

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02882
1. PLACE OF DEATH	(23)
County Dorchester	Registration Dist. No. 176
Village or City Cambridge	NoSt.,Ward
11.7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
0 0 0 10 1- 140 00	10.
2. FULL NAME glange diminen	If U. S. Veteran, specify WAR
(a) Residence: No.4/(almand della (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wal Calard naciel	(Month) (Day) (ear)
5a. If married, widowed, or divorced Husband of (or) WIFE of	224 ) HEREBY CERTIFY, That I attended declared from
The Denners	Def 15. 127 6 mary 5 1932
8. DATE OF BIRTH (month, day, and year) Sout Museu	I last saw h finalive on Month 3 (19.3) death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 34m Pm
al7 45	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Me of Bignish
Andustry or business In which work was done, as SILK MILL.	of the state of the
SAW MILL, BANK, etc.	Course Listonand
10. Date deceased last worked at this occupation (month and year)	of Lung!
12. BERTHPLACE (city or town) Malfold 4-9	Other Cartibutory Canadant important
(State or country)	Resease
13. NAME glaly dyndr - St-	
14. BIRTHPLACE (city or town) Aline Summer Wolfer (State or country)	Name of operation Date of The Date of The What test confirmed diagnosis?
15. MAIDEN NAME I SI EMM A MINISTER	What test confirmed diagnosis?
1000	Accident, sulcide, or homicide D Date of injury 2 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? 12072
111.00- 1000000	(Specify city or town, county and State) Specify whether injury open and fin INDUSTRY, In-HOME, or in PUBLIC PLACE.
17. INFORMANT MANAGEMENT ST	Specify whether injuly or arrive in Thousant, the home, or in Poblic Place,
18. BURIAL, CREMATION, OR MEMOVAL	Manner of Injury 120722
Place Lamburd 9 Date My 9 1939	Nature of injury 1972
Your- SH Barren	24. Was disease or injury Inany way related to occupation of deceased 77/10
19. UNDERTAKER AMMAN TT SUMMAN (Address) Camburd na	if so, specify
20. FILED 3-7 137 Who mace n.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLA

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The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FOFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 5 1937	July 5,1927	Peritonitis	3 days ago	
1	WIRPAU V. 3.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				74	

1. PLACE OF DEATH	NI.	Pegintration Diet Ato //	7 -
6V // //	11	Registration Dist. No/	
Village or City Collect		NO. St., If death occurred in a hospital or institution, give its NAME instead of street at	nd number)
Length of residence in city or town where	deeth occurred e yrsmo	s,ds. How long In U.S. if of foreign birth?yrs	_mos
2. FULL NAME Olli	Dray	If U. S. Veteran, specify WAR	
(a) Residence: No. Ell	colts	St., Ward.	2
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAGE	5. SINGLE, MARRIED, WIDOWED,	M DATE OF DEATH	
Female white	OR DIVORCED (wrighta word)	(Month) (Day)	, 193(Yes
5a. If marriad, widowed, or divorcad HUSBAND of		22. I HEREBY CERTIFY. That Lattend	
(or) WIFE of		22. I HEREBY CERTIFY, That I attend	ed deceasad
6. DATE OF BIRTH (month, day, and year)	4 R. 7- 1875	t last saw h  alive on	To death i
7. AGE Years Months	Days If LESS then	to heve occurred on the date stated above, at 12:30/m.	, deetii i
6 % 1mg	2048 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trede, profession, or perticular	Tormin.	wera as follows:	Date o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	truce works	Chro impreparaletis	19
9 Industry or business in which			
work was done, es SILK MILL, SAW MILL, BANK, etc.	11. 7.12	-	
O 10. Deta daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
1 year)	occupetion	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stete or country)	All II	0	13-0
	Great	- Mychillye	72
		V	
14. BIRTHPLACE (city or town) (State or country)	red	Name of operation Date of	f
(otate of country)	Wanter	What test confirmed diagnosis? Was there a	
I	N N	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	red	Accident, suicide, or homicide? Date of Injury	, 19
//heal	Ger	Where did injury occur?(Specify city or town, county and S	State)
17. INFORMANT		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
(Address)  18. BURIAL, CREMATION OR REMOVAL		Manner of inlum	
Place Office that	Dote Mar 4 193	Manner of injury	
KB9/L	Pradleling		1
19. UNDERTAKER (Address)	NATO A	24. Was disease or injury in any wey related to occupation of deceasad?	···la
(nuuross)	1 0 84 0 00	If so, specify Williams	112
20. FILED Mar 4 , 1837 Cle	palette II. Graft	(Signed)	5
//	Megaller.	(nuuros)	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis (2 = 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	aly 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02884

1. PLACE	OF DEAT	THE			2.8		
County	Doro	chester			Registration Dist. No.	0	
			eralsbur	(lf	NoSt.,death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. If of foreign birth?yrs	Ward number)	
d.	NAME		L. Gree		If U. S. Veteran, specify WAR		
(a) Kes	sidence: No	reacta	(Usual place	of abode)	D.St., Ward.  If nonresident give city or town as	nd State	
PERS	ONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
. Male		r or race		RIED, WIDOWED, O (write the word) ried	21. DATE OF DEATH (Month) (Day)	, 193	
5a. If married, v HUSBAND (or) WIFE			r M. Gre	egg	22. A HEREBY CERTIFY, That I attended		
6. DATE OF BIL	RTH (month, day	and year) J	an. 25.	1872	Hest saw h. I An alive on March 3, 19 3	7; deeth is said	
7. AGE	Years 65	Months 1	Days 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2:30_m2. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
9. Industry work SAV	1 of work dona, ; VYER, BOOKKEE! y or business In k was done, as S V MILL, BANK, a eceased last worl occupation (mon r)	itk Mitt,	Own fa	arm me (yaers) it in this pationLife	Other Coutributary Causes of Importanca:	1920	
	E (city or town). r country)	Wis	e County consin	7	Chimic 2ny caditis	1950	
13. NAME	Ma	artin G	regg				
13. NAME H 14. BIRTHP (Sta	LACE (city or to	wn)W1	sconsin		Neme of operation Date of What test confirmed diagnosis present was there a	n autopsyt 200	
15. MAIDE	NAME .	Lucy Ad	sit		23. Il deeth wes due to external causes (VIOLENCE) fill in also the follow	Ing:	
15. MAIDEI	LACE (city or to	wn) Wisc	onsin		Accidant, suicide, or homicide?, 19, Where did Injury occur?, 19		
	17. INFORMANT Mrs. Esther M. Gregg (Addrass) Federal sburg. Md. R.F.D.			egg R.F.D.	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	EMATION, OR R	EMOVAL		r. 5,1937	Manner of Injury		
	19. UNDERTAKER J. J. Framptom & Son (Addrass) Federal Shurg, Md.			Son	24. Wes disease or injury in any way ralated to occupation of deceased?  If so, spacify		
20. FILED. 2	March 4,	1937 CA	is It	Hasting.	(Signed) frankfly Godes (Address) alleas lever of l	M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100-0 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis APR 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MINEAU V. S.	July 5,1927	Peritonitis	3 days ago
	An analysis of the state of the property of the state of the party of the state of			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	for-	ate	A.
	in in	st	CUI
	n of	onlo	Ö
	iter	sh	Jo
	RD. Every	YSICIANS	statement
	RECO	Y. PH	Exact
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	IS A PE	stated E	properly
	HIS	pe	be
	NK-T	pluods	it may
	ING I	AGE	so that
	UNFAL	supplied.	terms,
	WITH	refully	in plain
	AMILY,	d be can	DEATH
,	PL	hou	OF
)	-WRITE	mation s	CAUSE

See instructions on back of certificate.

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

13	6)	8	(3	Per
11	/	3	19	3-3
	~		13	8 1

1	. PLACE O	F DEAT	'H			<u> </u>	14-31
	County	Dorche	ster		,	Registration Dist. No.	6
	Village or C	,				No Eastern Shore State Hospitalst, death occurred in a hospital or institution, give its NAME instead of street and	d number)
	Length of res	ldence in city	or town where o	leeth occurred	3 yrs. 8 mos	21_ds. How long in U.S. if of foreign birth?yrs	mosds.
2	(a) Resider		ttie Hac illingto		15000	If U. S. Veteran, specify WAR	
	PERSON	IAL ANI	STATIST	CAL PARTI		MEDICAL CERTIFICATE OF DEATH	ad Diate
3.	sex Female	-	OR RACE	5, SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH  March 27  (Month) (Day)	, 193'7(Yeer)
5a.	If married, widov HUSBAND of (or) WIFE of	ved, or divor	ced			22.   HEREBY CERTIFY, That I attende March 27, 19 37, to March 27,	d deceased from
6. 1	DATE OF BIRTH	(month, day,	and year) AD	ril 21, .	1875	i last sew h. er alive on Narch 27, 1937	; deeth is said
	AGE Yes		Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 8:20. A.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Oate of onset
CCUPATION	9. Industry or work wa SAW MI 10. Date deceas this occu	work done, a , BOOKKEEF business In s done, as Si LL, BANK, ei sed last work pation (mon	s SPINNER, PER, etc which LK MILL, cc sed at th end	spe occ	e time (years) int in this upation Unknown	Exhaustion from Mental Disease  Manic depressive psychosis  Other Contributory Causes of Importance:	1933
HER	13. NAME	Redf	ord Hack	ett			
FATHER	14. BIRTHPLACI	E (city or tov r country)	vn) Millin	gton Mary	land	Neme of operation Date of What test confirmed diagnosis? Westhere a	
MOTHER	15. MAIDEN NA 16. BIRTHPLACI (State of		theline <sub>vn)</sub> Millin		land	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17.	INFORMANT E	s.s.H	ospital ambridge	Records		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC I	tate) PLACE.
18.	BURIAL, CREMA		MOVAL M	A Date Me	29,19\$ 1	Menner of Injury	
19.	UNOERTAKER	John	A Tol	y ton	and	24. Was disease or injury In eny way related to occupation of deceased?  If so, specify	Nο
20.	FILED MA	<u>ب. 27</u> , 1	31 0	hu m	oce p.,	(Signed) Carling My	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of paset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	APR 5 193	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	BEIRSAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

•	
13	

# CTATE OF MADVI AND CEDTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. of certificate. be AGE should be See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. ż

ARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County Darchester WITHIN CORPORAT	Registration Dist. No. // 6
Village or City Caulridge	No. 215 Thisle St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary Magdaleya to	If U. S. Veteran, specify WAR
(a) Residence: No. 2   5   Hege of .	St., O Ward.
()(Usual place of shode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3.SEX A 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH.
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 1937
terms of the wearing	(Month) (Dy) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
(1) III 1 / Shower Caraly	Oct 9 1930, to mor 3 ,1937
6. DATE OF BIRTH (month, day, and year) Way 28-18640	I last saw h
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 4:50 m.
72 9 5 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Carcuma 6/
SAWYER, BOOKKEEPER, etc.	The literus 1 1939
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and	
O Data dacaasad last workad at 11. Total tima (yaars)	
O this occupation (month and spent in this occupation occupation	
Misuna Md. RXD.	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) U (State or country)	
# 13. NAME Robinson J. Delaha	
E	Nama of operation Prome Data of
14. BIRTHPLACE (city or town) Wary (State or country)	What test confirmed diagnosisfuncial evide Was there an autopsy?
# 15. MAIDEN NAME Wary, Jane Sellers.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Jane Dellers  16. BIRTHPLACE (city or town) That Vew number	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
him Elija R FOLIT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
17. INFORMANT (Address) 215 Itish St. Cambridge	
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place arrivally Data 5 th, 1937	Natura of Injury
19 UNDERTAKER Kennett K. Thomas	24. Was disease or injury In any way related to occupation of deceased?
(Address) Cambridge, Md.	If so, specify:
3-4 31 1 maso No.	(Signed) Du I Schwerauc M.
20. FILED 7 193 Registral.	(Address) Cambridge md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
\ <u>\</u>			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

EASTON, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

18. BURIAL, GREMATION, OR REMOVAL

19. UNDERTAKER JAMES

20. FILED 3 - 30

PORA	TE LIMITS OF Registration Dist. No. 116
	No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
E,D.	DERICH If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
D, 1)	21. DATE OF DEATH  MARCH  (Month)  (Dey)  (Yyar)
	22. 3 1 HEREBY CERTIFY That I attended deceased from 193), 10 3 30 193)
	I lest saw h 1 M alive on 2/30 , 1937; death is said
en	to heve occurred on the dete steted above, at 1 Am.
.hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es iollows:
	GENERALIZED
	CARCINOMATOSIS :
	Primary epithelioma of lip (agriculture cell lareinoma). Direction a lighteen months. Eurlis. Generalized metastasses.
	Other Cantributory Causes of importence:
	INANITION
	Diapsy taken at university of maryland Ichael.
	Neme of operation
	What test confirmed diagnosis? BioPSY Was there an autopsy?
	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Dete of injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	Manage of Indian
7	Manner of Injury
/	Neture of Injury
	24. Wes disease or injury in any wey releted to occupation of deceased?
	If so, specify
gr	(Signed)
1/1	(Address) Cauchier, / Co.

V. S. No. 1

LION

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	Example I	1	Example II	1
of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephr	ritis 1017	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AFK D	July 5,1927	Peritonitis	3 days ago
	BURBAU V. S.	1		
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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i	Example II		
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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
<u> </u>			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

# -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

- (	1	()	U	0	
	J .	6	8	1)	J

1. PLACE OF DEATH	93-0
County Dorohester	Registration Dist. No. ///
Village or City a get hew market	NoSt., Wal
(lf	death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Veren Calerun	Howar 1
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of the word)	21. DATE OF DEATH  (Month)  (Day)  (Par)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Califfe Howard	1 HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Feb 2/5/8/7 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	I last/saw h alive on Mark 1927, death is se to have occurred on the date stated above, at 2 2 m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Toprome My o cardely
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
year) occupation	Other Coutributory Causes of importance:
(State or country)	
13. NAME Rook forward  14. BIRTHPLACE (city or town)	
(State of country)	Neme of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Rockel thelips	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Parket Tuellifs  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sittly Howard and Re	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Balto Plece Streemont Cya Date M 2V / 8, 19 3	Manner of Injury
19. UNDERTAKER A HIN Willow & belly (Address) 6 and how my arket	24. Was disease or injury In eny way related to occupation of deceased? The lift so, specify
20. FILEO Mar. 17, 1937 H. E. Parker ice	(Signed) Augusta M. (Address) Much College M.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 7 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEA	TH hester				82-0		TTC	
	County			TAROSROOLUB	LIMITS ST		Registratio	n Dist. No. 16	
	Village or City	Cambrid	ee		No f death occurred in a ho	wnite or institution	rive its NA	St.,	Ward
	Length of rasidenca in c	ity or town where	death occurred 3	yrsmo	sds. How lo	ong in U.S. if of fo	raign birth?	yrs	mosds.
:	. FULL NAME	John L.	Hurley	•		S. Veteran, spe	cify WAR_	No	
	(a) Residence: No.	409 H	enry St	• 9	-	Vard.			
a. singa	PERSONAL AN	ID STATIST	(Usual place		ME	DICAL CER		nt give city or town	
3.		R OR RACE	S. SINGLE, MAR	RIED. WIDOWED.	21. DATE OF		THICAI		·~
1	Male	White	OR DIVORCE	D (write the word)		Ma	irch	I8th,	, 193
5a.	If marriad, widowed, or div.	nnie C.	Orem		1	- n - P-4	Month)	(Day)	(Year)
_	(or) WIFE of	illine o.	OT CIT!		Jan 1	7500	BRT1	noul)	19.3
6.	DATE OF BIRTH (month, da	y, and year)	0/16/18	74 (	I last saw h.	aliva on	terns	6	Z; death is said
7.	AGE Years	Months	Days	If LESS then	to have occurred on			.45 <sub>m</sub> .R.m.	
	62	5	3	ormin.	Tha PRINCIPAL CA	AUSE OF DEATH a	nd releted ca	usas of importance	Date of onset
Z	8. Trade, profession, or p kind of work dona SAWYER, BOOKKE	erticular as SPINNER,	Machin	ist	(le)	10/1		<i>J</i>	
-	9, Industry or business I	n which		Pkø. Co.	100	1			
CUP	undustry or business I work was dona, as SAW MILL, BANK,		illips -	rkg. oo.	1		-ON	May	
OCCUPATION	10. Dete deceesed last wo this occupation (mo	nth and 7/	/3.1 spe	ima (years) int in this 33				······································	
	year)			upetion	Other Contributory	Causes of Importar	nce:	) (	
12.	BIRTHPLACE (city or town) (State or country)	vorch	ester co	Id.	1 / 15	VON.			-
2	13. NAME Loh	n L. Hu	rley				-OE	xchro	-24
FATHER	14. BIRTHPLACE (city or t			Co.	Name of operation	11-	228	Date	12000
_	(State or country)			Md.	Whet test confirmation	d diagnosis?	2	Was there	an more and
HER	15. MAIDEN NAME	Not			23. If daeth wes due	to external causes	(VIOLENCE)	fill in also the follo	yying:
MOTHER	16. BIRTHPLACE (city or t	own)	·		Accident, suicida, o	111	772	Date of Injury	Del
	(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				Where did injury or	ccur?	Specify city	or town, county and HOME, or In PUBLIC	State)
17.	THE VINIGHT COCCOCCOC	Cambrid	C. Hurle	<u> </u>	Specify whether inju-	ury occurred in IN	DUSTRY, In	HOME, or In PUBLIC	PLACE,
18	BURIAL, CREMATION, OR		<del>e</del> , 11		Manner of Injury	1	8	D	
	Place Cambri	dge;-Hd	Date	T-437-,19	- Nature of Injury	157	Da	rl	
19	UNDERTAKER		S. LeCo: Maryland		24. Was diseasa or in	110	related to occ	upation of deceased?	118
_									

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

# STATE OF MARYLAND—CERTIFICATE OF DEATH 02891

THIS IS A PERMANENT RGIN RESERVED FOR BINDING

Length of re		ndy me	NoSt.,	Ward
	esidence in city of them where		death occurred in a horpital or institution, give its NAME instead of street and i	
2. FULL N	AME Thomas	a Il Janua	If U. S. Veteran, specify WAR	
(a) Resido	nco. No 3-3 7	End acce	St. / Ward.	
(4) 1103101		(Usual place of abode)	If nonresident give city or town and	State
	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE	5. StNGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Dey)	, 193 / (Yeer)
5a. It married, wide HUSBAND of (or) WIFE of	owed, or divorced		22. / I HEREBY CERTIFY, That I attended	deceased from
(01) WITE OF		/ // /	Jan 23 1037 10 mar 3	1937
6. DATE OF BIRTI	i (month, day, and yeer)	6/6/1870	Host sew ham alive on 15, 193	2; death is seid
7. AGE Y	ears Months	Deys It LESS than 1 day,hrs.	to have occurred on the date stated above, at	
1	00	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	Date of onset
Z kind of	fession, or perticular work done, as SPINNER,	Farrer	Epimeliona of	1000
9. Industry o	R, BOOKKEEPER, etc  r business In which		( ) ( ) ( )	1930
SAW N	res done, as SILK MILL, IILL, BANK, etc	Dert	, —————————————————————————————————————	-
0 10. Date dece	esed last worked at ///	11. Total time (yeers)		
year).		occupation	Other Contributory Causes of Importance:	
12. BtRTHPLACE ( (Stete or co		- ne	Almosthageo.	
1	15-1-16	0		
= /	II	11-X C.	2000	-
14. BIRTHPEA	CE (city or town)	a. nee	What test confirmed diagnosis? If perture Superwishere an a	no
ts. MAIDEN N	IAMMary acces	Pretchare	23. It deeth wes due to external ceuses (VIOLENCE) fill in also the tollowing	
E	CE (city or town)	Lat Co	Accident, suicide, or homicide? Dete of injury	
∑ (State	or country)	me	Where did Injury occur?	
17. INFORMANT (Address)	Him Carr	a facular ma	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
6	TIDN, DR. REMOVAL	1 3/5 37	Menner of Injury	
Plece	0.00	Dete	Neture of Injury	
19. UNDERTAKER (Address)	Zo Le Ca	La me	24. Was disease or injury in any way releted to occupation of deceased?	no
20, FILED. 3 -	5- ,37 0%	ha mare fr	(Signed) In Churchel	M. D

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	2.21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 0289
1. PLACE OF DEATH	A ol	82-0
County Dack	eselle	Registration Dist. No.
Village or City	Lan 26	No. St.
		If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death o	ccurredmo	sds. How long in U.S. if of foreign birth?yrsyrsmos
2. FULL NAME CARE	us ton	If U. S. Veteran, specify WAR
(a) Residence: No.	1.	St., W M'Ward.
(a) healdenee. Heal	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored 9	R DIVORCED (write the word)	Morele 17" 193
5a. If married, widowed, or divorced	2 4	(Month) (Day) (Yo
HUSBAND of Cor) WIFE of Mary	E Heevs	1 HEREBY RTIFY Thet I attended december
775000		March 14:137, 10/ Morgal 4, 19
6. DATE OF BIRTH (month, day, end yeer)	V	I last saw h socialive on 1120 2 14; 15, 7; death
7. AGE Years Months	Days If LESS than	to heve occurred on the dete stated above, et.
52 000	1 dayhrs	word an allower
8. Trede, profession, or particular	1 organismin.	Date
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Was along the
9. Industry or business in which	on lakon	Boto (
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		5 6 V 0 0 1 0 0 1
10. Date deceesed lest worked et this occupation (month end	11. Total time (years) spent in this	Primary Cause: Chresnal hemorrhagel.
The state of the s	occupetion	Duration: Four hours, Cutoff
12. BIRTHPLACE (city or town) (State or country)  13. NAME  13. NAME  14. Pechand	ck Water	Other Contributory Contes of importance:
(State or country)	mik	
13. NAME Rechard	revs	
	k , -1000	Posso II
14. BIRTHPLACE (city or town) 19 10 10 10 10 10 10 10 10 10 10 10 10 10	a. W. I	Neme of operation
~ 10 . 10.	01/101	Whet test confirmed diegnosis?
15. MAIOEN NAME DOUT FREE  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BIRTHPLACE (city or town) (Stete or country)  19. BIRTHPLACE (city or town) (Address)	ack water	23. If death wes due to external croses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	The water	Accident, suicide, or homigide? Dete of Injuty, I
(Stete or country)	o, jun	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary E. Je	ws	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	4	J. J. W.
16. BONIAL, CREMATION, ON REMOVAL	udge MA	Manner of Injury
	te_11457	Neture of Injury 12910
19. UNDERTAKER TO ME CO	Paes -	24. Wes diseese or injury any wey releted to occupation of deceased
(Address) Clean budge	nd	If so, specify A Daniel A Daniel
3-17 57 00 1	16m and M	(Signed) Land Mayalo M
20. FILED	Register)	(Address) Carachian Mis
· · · · · · · · · · · · · · · · · · ·		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. . .

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car A & D.	1 week ago
July 5,1927	Peritonitis A.	3 days ago
	Mar	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA.

1.	County Worshuller	<u> </u>	Registration Dist. No. 110
	Village or City head Hurl		NDSt.,W death occurred in a hospital or institution, give its NAME instead of street and number)
2.	FULL NAME Charles	1. Tolke	How long In U. S. if of foreign birth?yrsmos
	(a) Residence: No.	ual plage of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE S. SINGI OR P	LE, MARRIED, WIDOWED, IVORCED (write therword)	21. DATE OF DEATH (Month) (Day) (Year
1	married, widowed, or phyorced	Tohne	22. I HEREBY CERTIFY, That I attended dacassad
7. AGI	89 10	/3 /8 4 7  ays   If LESS than   1 day,hrs.   ormin.	to have occurred on the date stated above, At 25 C.m.  The PRINCIPAL CAUSE OF DEATH and raised causes of importance were as follows:  Data of o
LION	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	e work	arteresalersain
CUPA	9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		
200	0. Date deceased last worked at this occupation (month and year)	l. Total time (years) spant in this occupation	
12. BI	RTHPLACE (city or town)		Other Contributory Causes of importance:
H ER	3. NAME John Barlba	wa	× 3
	4. BIRTHPLACE (city or town)	d	Name of operation Date of Was there an autopsy?
HER 1	5. MAIDEN NAME Bout Tex	ion	23. If death was due to external causes (VIOLENCE) fill In also the following:
[may ]	6. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. IN	FORMANT Seler Solly (Address)	N	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. Bt	Place Date	Mas/9,195	Manner of injury
19. Ut	NDERTAKER & B. Wills (Address)	inflily	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FI	LED 3/8 , 1937 Chas le	Harting Register.	(Signad) Shopen Meyers (Address) Bourson M

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Example I		Example II	
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Chronic interstitial nephritis APR 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
---	-----

S. No. 1

state infor-OCCUPA should of PHYSICIANS statement RECORD. Exact PERMANENT CIL classified. EX certificate. properly THIS jo plnods may back no that instructions plain terms. carefully important. H DEATH pe plnods very OF WRITE 2 CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of loreign birth? vrs. Length of residence in city/or town where deeth occurred If U. S. Veteran, specify WAR, (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days II LESS than to have occurred on the date stated above, at\_\_\_\_\_ 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc...... 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diegnosis? Was there an autopsy?\_\_\_. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION. Manner of injury Nature of injury. 24. Was disease or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUREAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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THE PER LONG

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02895
1. PLACE OF BEATH	11-02
County NOZ, Co,	Registration Dist. No. //
Village or City Madesou	No. St., Ward
/ 0	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emily C. Kane	
2. FOLL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colorch 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Foseth F Rane	22. I HEREBY CERTIFY, Thet I attended deceased from
	1 lest saw head elive on 2006 6 , 1937; deeth is said
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Oeys If LESS than	to heve occurred on the dete stated above, et . Se A.m.
/ <sub>5</sub> 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Braselo-finementa 3-5-57
0 Industry or hydrone in which	-
SAW MILL, BANK, etc. Vouse work	
10. Date deceased lest worked et this occupation (month and yeer)	
Madison	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)  Ook, Co., Mid	2-17-0
13. NAME andrew Ofher	
14. BIRTHPLACE (city or town) Ool Co.	Name of operation
(State or country) MA	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Wout Know	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following:
15. MAIOEN NAME Word Kerow  16. BIRTHPLACE (city or town) Porz Co, N. d.  (State or country)	Accident, suicide, or homicide?Oete of Injury, 19
∑ (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Claris Kaue, Waughler) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Maderon Cemelery Date March 11, 1937	Neture of injury
19. UNDERTAKER THE COAT (Address) Cambulas Mid	24. Wes disease or injury in any way related to occupation of deceased? 220
20. FILEO 3-11 , 1937 John more ? Registrar.	(Signed) O. H. Jawes M. D. (Address) Energy Med
<b>V</b>	24T N Charles Street Bellimore Requesting T) S No. 1

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11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5:1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1,1923 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02896
1. PLACE OF DEATH	92:01
County Borchesler	Registration Dist. No.
Village or City heart Gart how May	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmg	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN . M. Toch	
(a) Residence: No Sucar 6 est new Mar (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word)  Market	21. DATE OF SEATH 79. 193 7. (Month) (96y) (Ver)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Stelles / loan,	22. HEREBY CERTIFICATION Afterded deceased from
6. DATE OF BIRTH (month day, and year) You 22 /858	I last saw h alive on, 19; death is said.
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	from ene were to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	the cost, he gid,
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Corlic Insufficiency
TD. Date deceased last worked at this occupation (month and year) spent in this occupation corupation	
$\Omega_{I}$	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME VOLLY KARLY	
E O	
14. BIRTHPIACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WONT / WING	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Clarify Noch	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Warket	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury work
Plant Vaco May 5 193	Neture of Injury
19. UNDERTAKER A CALLEY CHARLES (Address) & Control of the Control	24. Was disease or injury In any way related to occupation of deceased? 20
20. FILED 3/37 , 19.37 H & Parket Registrar.	(Signed) Julian M. D.  (Address) Julian M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 7 1937	July 5,1927	Peritonitis	3 days ago	
i ANNIAN S	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

certificate.

See instructions on back of

Exact statement of OCCUPA-

OTTILE OF MINISTERIES	
1. PLACE OF DEATH	(12Q)
County Doublet WITHIN CORPORATI	Registration Dist. No. 1/6
Village or City Cambridge Ind	NoSt.,Ward
1/ )/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2 2 1	
2. FULL NAME Me hora may dy	If U. S. Veteran, specify WAR
(a) Residence: No. 417 Multiplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
timals White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Usean P. Dynne	mar, /7, 1937, 10 mar v 1937
6. DATE OF BIRTH (month, day, end year) July 26. 1884	I last saw her alive on war 193 death is said
7. AGE Years Months // Days   tf LESS than	to have occurred on the date stated above, at &m.
52 7 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, profession, or particular	Walnut acute Data of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	reflecte de to 18
9. Induetry or business in which work was done, as SILK MILL,	Siplicoenin Jun 1937
SAW MILL, BANK, etc	chut cufy fund
this occupation (month and spent in this occupation	of Sull- Hodden
11 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 19 Carray	Curate on acopura 1700
13, NAME 2m Carrier:	acy ace areas,
12.4.	
(State or country)	Name of operation
15. MAIDEN NAME TAGE ARMONDAL	Whet test confirmed diagnosis?
It has been a	Accident, suicide, or homicide? Dete of Injury19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
manna Kinna	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFDRMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cambridge Me Date Man & 4, 1931	Nature of injury
19. UNDERTAKER transh & Albanch	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Cumhdy nd.	If so, specify
20 FILED 3-23 1937 John mace No.	(Signed) Libert Meekens M. D.
Registron.	(Address) Curbudgt wa

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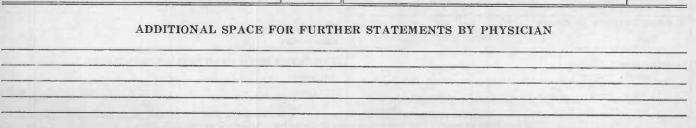
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 5 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

	, ,
1. PLACE OF DEATH	
County D 19 A SALE WITHIN CORPORATE LIMITS OF Registration Dist. No. 1 40 6	
Village or City Caroling med - No. Combudge med - Hopap.	Ward
(If death occurred in a hospital or institution, ave its NAME instead of street and simber)	
Length of rasidanca in city or town whara daath occulyadyrsmosds. How long in U.S. if of foreign birth?yrsmbs	ds.
2. FULL NAME Clarke H. Marshall If U. S. Veteran, specify WAR	
(a) Residence: No. Cambridge True St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	7
Month) (Day) (Yaa	ar)
5a. If married, widowad, or divorced HUSBANO of  22, I HEREBY CERTIFY, That I attanded dacaasad	from
(or) WIFE of Comma Man Jel. 26 1937 to man 1> 19	37
6. DATE OF BIRTH (month, day, and year) July 1967   Hast saw hein aliva on Zuer 12 ,1937; death i	is sald
7. AGE Yaars Months Days If LESS than to have occurred on the data stated above, at _/m.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance	
Date of Date o	onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month end.)  12. Total time (years) spant in this  22. The part of the property of the pr	2-3
9. Industry or businass in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10 Data dacasad last worked at this occupetion (month end 10 7 spant in this 7	
this occupation (month end fam 1937 spant in this occupation	
12. BIRTHPLACE (city or town) Cart Marc Magher	
(Stata or country) med Cenebral apopley 2:	28-2
II 13. NAME Am H. Marchall	
14. BIRTHPLACE (city or fown) Saus Mars Date of Nama of operation Date of Date	
What tast confirmed diagnosis? Was there an autopsy?	No
15. MAIOEN NAME 15. Construction 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Cast hum may half Accident, suicide, or homicida? Date of injury 19.	
(Specify city or town, county and State)	
17. INFORMANT Spacify whathar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Mannar of injury  Work	
and East how market many Market 1037	
The state of many	
19. UNDERTAKER 24. Was disaasa or injury in any way ralated to occupation of deceased? 10	
(Addrass) Canoby of Me Iso, specify (Signad) (Signad)	M. D.
20. FILED 3. 42 , 193 . Free March (Signad) (Signad) (Addrass)	_ WI. D.

UIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstical naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH 02899

1. PLACE OF DEATH	(23)
County Docelester	Registration Dist. No
Village or City Secretary	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long In U.S. If ot foreign birth?yrsmosds.
2. FULL NAME William George In Gun	If U. S. Veteran, specify WAR
(a) Residence: No. Suretay, hay (Urgal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Transmitted	21. DATE OF DEATH worth /8 1. (Month) (Day) (Vaar)
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceasad from
to with of fame like senn	may 1936 to march 1937
6. DATE OF BIRTH (month, pay, and year) May 3/ 1901	I last saw ham alive on houle 6 th , 19.37; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	The I All All CAOSE Of DEATH and related causes of importance
Trade possesion or particular	Pulmonsey Tubleulonia April 123
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decassad last worked at the occuration (month and	
10. Data decaasad last workad at this occupation (month and pear) pear)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	_
13. NAME James Majum	
13. NAME Carries McTure  14. BIRTHPLACE (city or town)  (Stata or country)	What tast confirmed diagnosis? Lebesle bould: Was there an autopsy?
15. MAIDEN NAME & losence Wheatle	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME & Coranta o Meulle 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Hoyel The Henry (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place at New Markete Mar 7, 19. 3	Mannar of Injury
19. UNDERTAKER H. H. Willaughlus	24. Was disease or Injury In any way ralated to occupation of deceasad?
20. FILED Manch 79 3), Tr. E. Parker	(Signad) Lida O meredelli M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1937			5 (4)
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
The same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the same significant with the same significant was a first transfer of the same significant with the same significant with the same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the same significant was a first transfer of the same significant with the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

4	ADDITIONAL SPACE FOR FU	RTHER STATEMENTS, BY P	HYSICIAN
to sul	Charination Ochan		
tiled	9/16/136 - 4/29/378	//	
0	" 0/ " - " - " - " - " - " - " - " - " - "		

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0290
	1. PLACE OF DEATH	73.0
ould OCC	County Darchestes	Registration Dist. No. 116
should of OCC	Village or City Cambridge	No. Carten Those Rate assign.
T w	0 7/1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos
CORD. Every PHYSICIANS ict statement	2. FULL NAME Lucy & Moon	
ICI aten	19064 1.1 a	If U. S. Veteran, specify WAR
RD.	(a) Residence: No. 6 CRTON (Usual place of abode)	If nonresident give city or town and State
RECU. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE  OR DIVORCED ("write the word)  OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Ye
RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decease
MAI A ( assi	(or) WIFE of	March 16 19 37 to March 17 19
leaved 0	6. DATE OF BIRTH (month, day, and yeer) about 1882	liast saw h. Ch. alive on March 17, 1937; death
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et 8 20 p.m.
IS A I stated proper	about 55 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Isuber lary 18
HIS be be c of	SAWYER, BOOKKEEPER, etc.	Egilephic countrious
NK-T] should it may n back	CAM MILL DANK of	My ocordial degeneration
S ti u	10. Date decessed last worked at this occupation (month end spent in this	
	year) occupation occupation	Other Contributory Causes of importance:
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) If form MD	Other Control of Importance.
AL sed.	(State or country)	
	13. NAME Jame Moore  14. BIRTHPLACE (city or town). Micknows.	
y sul ain t	14. BIRTHPLACE (city or town)	Name of operation Date of
H 6 6		Whet test confirmed diagnosis? Observation. Wes there an autopsy?
	TI T	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
car TH ports	16. BIRTHPLACE (city or town)—two Wushim  (State or country)	Where did injury occur?
ALNLY, ld be cal DEATH y import	Hospilel Hende	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT (OSMAC) CLOTUS (Address)	
FE PI shou E OF is ver	18. BURIAL, CREGATION, OR REMOVAL	Menner of injury
WRITE lation s AUSE ION is	Place Oate, 197	- Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER H W Yeppin	24. Wes disease or injury in any way related to occupation of deceased?
8	(Address)	if so, specify ————————————————————————————————————
ż	20. FILEO 3-18, 1937 Dalu mace Nr.	(Signed) January Three Hoursely

sident give city or town and State ATE OF DEATH TIFY, That i attended deceased from d causes of importance (CE) fill in also the following: ..... Oate of injury......, 19..... city or town, county and State) in HOME, or in PUBLIC PLACE. occupation of deceased?\_

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

AGE should be stated EXACTLY. PHYSICIANS snoum successions should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02902
1. PLACE OF DEATH	(807)
County Dr Chata WITHIN CORPORATE LIMITS	Registration Dist. No.
Village or City Cambridge	" Candrile my tack Lane
Villago Of Oity	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME & Toma. Gare nice	lo
(a) Residence: No. 7 Salusbury . Mc	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED,	21. DATE OF DEATH
Female white Marked (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of H.7. Tuends	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) \ambda_1, 9, 1870	I last saw h alive on 3 2 4 ,1927 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at TTO Pm.
67 2 20 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
o kind of work done, as SPINNER, Atment	Certal humbhage
S. Industry or business in which	
work was done, as SILK MILL, WY WWW.	
10. Date deceased last worked at this occupation (month and year)	
n. x1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Colino schoots to homisson
	certal humbages
14. BIRTHPLACE (city or town) / / / (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clepiene Une	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Wis Franklin Onester	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- June
Place History Date \$-/ 1937	Manner of Injury
	Nature of Injury
19. UNDERTAKER TO WELDER THE MELDER THE MELD	24. Was disease or injury In any way related to occupation of deceased?
3- 29 37 A. l. Sulla	(Signed) LuySlull M.D.
20. FILED 2 Registrar.	(Address) Cambuly MM
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02903

Length of resi	ity Theele		(N	No No death occurred in a hospital or institution, give its l	VAME instead of street an	d number)
	dence in city or town where	death occurred		ds. How long in U.S. if of foreign birt		
2. FULL NA	aneli	e & Ch	etche	If U.S. Veteran, specify WA	R 720	
(a) Residen		1	med	St., Ward.	W	
(a) Residen	ce. No.	(Usual place o	f abode)		sident give city or town a	nd State
PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFIC	ATE OF DEATH	
temeste	4. COLOR OR RACE	5. SINGLE, MARR OR DIVERCED	tfED, WfDOWED, (write the word)	21. DATE OF DEATH	L 13	, 193. 7
5a. If merried, widow	ed or divorced	~	A TO 175	(month)	(Day)	(lear)
HUSBAND of (or) WIFE of	et Ital	Justo	eth	22. HEREBY CERT	IFY, That I attende	d deceased from
		· ladie	,	19.27.)		7 19
	(month, day, and year)	07/0//8	ها	I last saw h alive on	70 ,19 3	; death is said
7. AGE Yea	Months	Oays	if LESS than	to have occurred on the date stated above, at		
	16 4	120	ormin.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	d causes of importance	Oate of enset
8. Trade, profe	ssion, or particular vork done, as SPINNER.	21		Chunic Bron		
SAWYER	vork done, as SPINNER, BOOKKEEPER, etc	10010	<i></i>	Churc I ma	enne.	
9. Industry or work wa	business In which s done, es SILK MILL,			Trimary spithelioma of	heal gweek.	
	L, BANK, etced last worked at	11. Totel tin	ne (vears)	Porsician only sour potio	nt rosse, a few	£
11110 0000	petion (month end	spen	tin this	days prior to her das	the	
	<b>40</b>	1. 1	_	Other Contributory Causes of importance:	The second	
2. BIRTHPLACE (ci (State or cou			>	Continued in	a Met of the	,
1	00-6 10	1 no	11	The state of the	vey of cruent	
13. NAME	200	1 +	6	Time		
14. BIRTHPLACE			mel	Name of operation	Date of	
(State or	(1)	77.		What test confirmed diagnosis?	Was there a	n eutopsy?
15. MAIDEN NA	ME	0 +	202	23. If death was due to external causes (VIOLE)	ICE) fill in also the follow	ing:
15. MAIDEN NA		hande	_	Accident, suicide, or homicide?	Oate of injury	, 19
(State or	country)	9	me	Where did injury occur?	city or town, county and S	
17. INFDRMANT (Address)	18 The	a Man	ne	Specify whether injury occurred in INOUSTRY	, in HOME, or in PUBLIC	PLACE.
18, BURIAL, CANAT	ION, OR REMOVAL	- / 3	1	Manner of injury		
Piace	uerrage"	Oate	15 ,195	Nature of injury		
	4826		/	24. Was disease or injury in any wey related to	occupation of deceased?	no
19. UNDERTAKER (Address)	0	1/2	me	if so, specify	- Cocapation of Georgaseur.	
2 /	12/ 27 ()	11/1-	- 9	(Signed) Tury	Stute	
20. FILED _ 3 //	192/	negu	- Car	COLL	Land Mast	M.

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
- Company	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Downson	Registration Dist. No. 145
Village or City Galler 1-1 us	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrs,mos,ds
2. FULL NAME anni L. Ruch	0 11
(a) Residence: No. 417 N . W . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
HUSBAND of William J. Rich	1 HEREBY CERTIFY, That I attended decaased from
5. DATE OF BIRTH (month, day, and year) March 15-1884	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.3 m.
53 0 7 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cash Back Day
9. Industry or business in which work was dona, as SILK MILL,	Disease 20
3 ATT WILL, DATE, ELL.	OMbrens -: 40.
1D. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this 3 coccupation  3. Coccupation	
12. BIRTHPLACE (city or town) Solden 1-1 (State or country)	Other Contributory Causes of importance:
2 2	- Non
13. NAME  14. BIRTHPLACE (city or town) LORUNSIN CT)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WWW COM	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of county)	Where did injury occur?
17. INFORMANT CULL Rich 3. (Address) + 17 N. W. W. J. Mar. 1	(Specify of your occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place asbury Cemeling - mar 25, 193.	Nature of injury
19. UNDERTAKER Sewis H. Baynlum (Address) Cambrida	24. Was disease or injury in any way related to occupation of deceased? AS
20. FILEDMany 3 1937 anns 5- mea	ce (Signed) ame w meace
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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	X921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NPR 15 1931	« )!		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A state of the sta			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
CVAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

TION is very important.

# PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	1)	0	1	1 1
0	0	il	U	()

1. PLACE OF DEATH	(82-70)	
County Nouhatu	Registration Dist, No. //	9
Village or City Iradulle	ND	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and i sds. How long in U.S. If of foraign birth?yrsm	
2. FULL NAME John C. Robins	If U. S. Veleran, specify WAR	**********
(a) Residence: No. J. J. J. M. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 7
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of  HUSBAND of	22. I HEREBY CERTIFY, That I attanded  New 14 19 37 to 2008 29	deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at 1/2 2 R. m.	; death is said
8 Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Apopleyy	3-27.5
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (ment) and spent in this	T U	*
D. Date deceased last worked at this occupation (month and year)		-
12. BIRTHPLACE (city or town) Foodshulle (State or country)	Dther Coutributory Causes of importance:	-
II 13. NAME Wan Rollinson		*
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Date of What tast confirmed diagnosis? Was there are	
15. MAIDEN NAME Proulla Pertman	23. If daath was due to external causes (VIOLENCE) fill in also the Toliowing	
16. BIRTHPLACE (city or town) William (State or country)	Accidant, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFDRMANT moody Roman (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, DR REMDYAL Place Jud Shills, Med Date Men 31, 1937	Manner of injury	
19. UNDERTAKER Frank E. altany	24. Was disease or injury in any way ralated to occupation of daceased?	13
20. FILED Mar. 31, 137 Hilson S. Ritchell	(Signed) O. T. Jacuer (Address) Jacuer Dec 2	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	į.	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis TECE 1 1 E E	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage APR 5 1939	July 5,1927	Peritonitis	3 days ago			
BUREAU V &						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02907

Village or City  Length of residence In city or town where death occurredyrs	No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and nos 7ds. How long In U.S. if of foreign birth?	
(a) Residence: No. (Usual place of abode)	If U. S. Veteran, specify WAR 223	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CÉRTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Company (or	22. I HEREBY CERTIFY. That I attended of March 5, 19 37, to March 11  I last saw h M alive on March 11, 19 37  to heve occurred on the date stated above, at 605 Pm.	deceased from
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Urinsry Luppression (Centi)	mar 11, Mar 4,
10. Data daceasad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME	Other Contributory Causes of importance:  Shronic Mysearditic  Bhronic Setterstatical Higheritic	Weeks
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	: , 19
18. BURIAL, STEMATION, OR REMOVAL Place 1997	Menner of injury	
19. UNDERTAKER AS Le La Marie (Address)	24. Was disease or injury In any way related to occupation of deceased?	eco

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—W

SIAIE OF	MARTLAND-	CERTIFICATE OF DEATH	12908
1. PLACE OF DEATH		92.0)	0000
County Docheste	<u> </u>	Registration Dist. No.	110
Village or City Eldorade	r	No.	Ward
Langth of residence in city of lown where death		death occurred in a hospital or institution, give its NAME instead of street	t and number)
	occurred yrs mos	ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Sarah	u, man	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or tow.	a and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEAT	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 (Month) (Day)	, 193_7
5a. If married, wildowed, or divorced	111000		(Year)
HUSBAND of (or) WIFE of	rort	1 HEREBY CERTIFY, That I atte	nded deceased from
Oct	111 1095	, 10, 10	27,19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years   Months	Days   If LESS than	to have occurred on the date stated above, at 12m.	2.1.; death is said
42 5	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession by particular	ormin.	ware as follows: walked Heart	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	usewood	Bleen	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last worked et this occupation (month end			
10. Date dacaased last worked et this occupation (month end yaar)	11. Totel time (years) spent in this occupetion		
		Other Contributory Canees of importance:	-71
12. BIRTHPLACE (city or town) (State or country)	MA QA	Tregrancy	9/26
1 701	- obrid		
E	v v a		
14. BIRTHPLACE (city or town) (Stata or country)	useo	Name of operation Date	
×	list	What tast confirmed diagnosis? Was ther	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23. If deeth wes due to external causes (VIOL ENCE) fill in also tha foll Accident, sulcide, or homicida?	
O 16. BIRTHPLACE (city or town) (State or equintry)	K	Where did injury occur?	
17. INFORMANT Chert Kna (Addrass) Eldorado	nk,	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	d State) IC PLACE
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury	,
Plece Clara at Ma	Date March 20, 1937	Nature of injury	
19. UNDERTAKER It. D. Fraver (Address) Sharp	tour Mos	24. Was disaase or injury in any way ralated to occupation of deceased	
20. FILED Than 20, 1937 H.L.	Hasting Registrar.	(Signad) J. S. Puhlung (Address) Lampton	M. D.
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTICICATE OF DEATH

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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г.	Ł	J	"	ď	8	ß.	Ţ.	1	2
u	,	ς	1	٩.,	"	٧.	,	Q	y

1. PLACE OF DEATH	<u> </u>			
County Stehisler WITHIN CORPORA	Registration Dist. No. 116			
Village or City Chartudge	No. St, Ward			
· · · · · · · · · · · · · · · · · · ·	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsmosds.			
0 0 4 01 11				
2. FULL NAME INJUSTICALLY	If U. S. Veteran, specify WAR.			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
5s. If married, widowed, or divorcad	(Month) (Oay) (Yéar)			
HUSBANO of (or) WIFE of	22. CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Meh. 3, 1937	I last saw h alive on, 19; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.			
Allban   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca wera as follows:			
8. Trada, profession, or particular kind of work done, as SPINNER,	3-3-37			
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	4 month Gundus			
work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date daceasad last worked at this occupation (month and year) spent in this year) occupation				
Canhada	Other Contributory Causes of importanca:			
12. BIRTHPLACE (city or town)				
11 13, NAME GLOVE Biven				
13. NAME Story Bruen  14. BIRTHPLACE (city or town) Merion Station  (State or country)	Name of operation Date of			
(State or country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIOEN NAME Beulst Stockly	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:			
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19			
(State or country)	Whare did injury occur? (Specify city or town, county and State)			
17. INFORMANT Sulat Startly (Address)	Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury			
Placa Oata Oata 193	Nature of injury			
19. UNOERTAKER George Bevers	24. Was disaase or injury in any way related to occupation of dacaasad?			
(Address) Confirmation, md.	If so, spacify			
20. FILEO 3-4 137 John mace of	2. (Signed) M, D.			
Registra	(Address)			

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis APR	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	Jy 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

item of infor-	should state	of OCCUPA-	
r RECORD. Every	Y. PHYSICIANS	Exact statement	
S A PERMANENT	tated EXACTL	roperly classified.	rtificate.
HIS	he s	be p	of ce
UNFADING INK-TI	upplied. AGE should	terms, so that it may	e instructions on back
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 02910

1. PLACE	OF DEAT	ГН			92-70			
County Dorchester					Registration Dist. No. 116			
Village or	Village or City Near Eldorado				No	Ward		
Length of r	esidenca in cit	ty or town where	death occurred 1	) vr. 6 mas	death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. if of foreign birth?	umber)		
						3,		
		Joseph Rhodeso		d., R.F.D	If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and S			
					If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	State		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH						
Male		nite	or Divorc	ED (write the word)	March 16 (Day)	, 193		
5a. If married, wid HUSBAND of (or) WIFE of		rcad			22. A HEREBY CERTIFY, Thet I altended d	deceesed from		
6. DATE OF BIRT	H (month, day	(, and year) J	an. 22.	1864	Tet 1 1 137 to Max 14 187	; death is said		
	Years	Months	Days	If LESS than	to have occurred on the data stated above, at 2 2m.			
	73	1	24	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset		
Z 8. Trada, pro	ofassion, or pa	rticular	D- T-3		Chronic Valorulas	Z		
		I LN, Gtc.	Day Lab	orer	Durane:	,		
9. Industry of work	or business in was done, as S	SILK MILL.	Farm					
10. Deta deca	VIILL, BANK, e Iasad last wor	ked at	1	time (yaars)				
this occupation (month and 1937   11. lotal time (years) spent in this Life occupation Life  12. BIRTHPLACE (city or town)   Dorchester Co.			37 00	ent in this Life	Other Centributery Causes of Importance:			
			orchest	er Co.				
(State or c			d.					
I3. NAME	Ba	asil Sm	ith					
I 14. BIRTHPLA	CE (city or to	wn) Do	rcheste	r Co.	Nema of operation Dete of			
State	or country)		Md.		What tast confirmed diagnosis? Was there an au	utopsy?		
I5. MAIDEN	NAME		nown		23. If daath wes due to axiernal causes (VIDLENCE) fill in elso the following:			
15. MAIDEN	CE (city or to	wn)	nknown		Accidant, sulcide, or homicide? Date of injury	,		
∑ (Slate	or country)				Whars did injury occur? (Specify city or town, county and State	.,		
17. INFORMANT (Address)	Mrs. Rhod	Charle esdale.	s Wheat	ley F.D.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ĆE.		
18. BURIAL CREM	ATION. DR R		LAve		Manner of Injury			
19. UNDERTAKER					24. Was disease or injury in any way related to occupation of decaased?			
		ralsbur		/	If so, specify			
20. FILED 3/1			has W.	Hostings	(Signad) J.J. Kuphlugan			
20, 11223	<b></b>		ender production of a second	Registray.	(Address) Sharptown luc	0.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 6 1927	July 5,1927	Peritonitis	3 days ago	
il mail V.	5. (			
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ľ

FOR BINDING	THE TINEADING THE THIS IS A DEBMANENT
OR	V >
F	5
RESERVED	PILIT
ESE	INK
N	DING
RGIN	TINEA
	TH

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.-WRITE-PL.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(46-D)
county Dorchester		Registration Dist. No. // D
Village or City Petersbur  Length of residence in city or town where dea		No. St., Ware (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sarah Jar (a) Residence: No. Hurlock,	ne Spry Md., R.F.D.	If U. S. Veteran, specify WAR
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	S. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word Married	March 25 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles		22.   HEREBY CERTIFY, Thet i attended decessed from 19.37, to 19.37
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc HC work wes dona, es SILK MILL, SAW MILL, BANK, etc      10. Date daceased lest worked at this recreation (month end.)	Deys if LESS the 1 dey, or or min.	i lest saw here allva on 2/13 1937; deeth is seint to heve occurred on the dete stated above, et 9 8 m.
year) 1930.	In home  II. Total time (years) spent in this occupation Li ester Co. and	Other Contributery Causes of importance:
(Stete or country) Mary	nester Co. and	Name of operation Date of Date of Whet test confirmed diegnosis? Westhere en eutopsy?
15. MAIDEN NAME Margaret  16. BIRTHPLACE (city or town) Dorch (Stete or country) Maryl  17. INFORMANT Charles W. (Address) Hurlock, Md  18. BURIAL, CREMATION, OR REMOVAL	ester Co. and Spry	23. if deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, sulcide, or homicide?
Piece Petersburg, Md,		Menner of Injury
19. UNDERTAKER J. J. Framp (Address) Federalsburg 20. FILED 3/22/32, 19.	Maryland Registran	24. Wes diseese or injury in any way releted to occupation of deceased?  if so, specify  (Signed)  (Address)  Address)  Address  To gla  M. 1  (Address)  Charles Street, Baltimore, Requesting "U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	1915 1921	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ADD @ 1027		Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentéritis	1 year

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1	jo
	item
	Every
	RECORD.
BINDING	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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RGIN RESERVED FOR BINDING	UNFADING
	WITH
June	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-6
county or chusen	Registration Dist. No. 1/6
Village of City Cammile	No. Energy him sent they st. W.
Length of residence in city or town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
11:1: (1)	mosds. How long In U. S. If of foreign birth?yrsmos
2. FULL NAME Milliam Filum Vos	If U. S. Veteran, specify WAR
(a) Residence: No. 8.9 N. Triff Sudl	example Ward
(Usual place of abode)	G. C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	MEDICAL CERTIFICATE OF DEATH
mult white OR DIVORCED (write the w	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22 LAIFBERY CERTIFY THE STATE OF THE STATE O
(or) WIFE of humie fruit	22. I HEREBY CERTIFY, Thet I ettended deceesed f
head in 18-	19.57, to 19.57
5. DATE OF BIRTH (month, day, and yeer) WWCh / 12 147	
	The state of the s
63 - 1 -0 4 1 day,	
R. Trede, profession, or perticuler kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9 Industry or business in which work was done as SILK MILL	Aprima how clinfting of
9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Chow Constitution
10. Date deceased last worked at this occupation (month and 19 11. Total time (years).	www muchal de commutan
10. Date deceased last worked at this occupation (month and 1934 spent in this year)	file 10 mential
My ages Mad.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME JOHN	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of Country)	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? A
15. MAIDEN NAME Manah Curry	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
E (State or country)	Where did Injury occur?
17. INFORMANT HOLD TO COMP	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address)	
18. BURIAL, CREMATION, OR REMOVEL 1	Menner of injury Wyll
Place ( terreletell Day fal, L, 1	Neture of injury
O This is - The same	24. Wes disease or injury In any way related to occupation of deceased?
19. UNDERTAKER J. CALGUE CLEAST	If so, specify
20 EUED 3-18 1037 Only magazin	7
20. FILEU	(Signed) CC444/aid a Mad
Regin	carf (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis - 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 3	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1000	1. PLACE OF  County  Village or City	DEATH Dorcheste Cambridg	r ge R.F.D	<b>.</b> #2	Registration Dist. No.  No.  St.,  f death occurred in a horpital or institution, give its NAME instead of street and number.	Ward
statement of	2. FULL NAM	ance in city or town whar	Boy War	Xyrs X mos	f death occurred in a hospital or institution, give its NAME instead of street and number,  s	ds
gross	PERSONA	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
	sex	4. color or race colored	s. single, Ma or divorce sing.	RRIED, WIDOWED. ED (write the word) Le	21. DATE OF DEATH  Mar. 12th (Day) (Y	7 (aar)
5.	HUSBAND of (or) WIFE of	d, or divorced	x		22. I HEREBY CERTIFY. That I attended decease  Not at all 19 to 19	
	DATE OF BIRTH (m		March 1	2th, 1937 If LESS than 1 day, 2 hrs.	I last saw h aliva on, 19; death to have occurred on the data stated above, at 8 : A • M m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
OCCUPATION	8. Trada, profess kind of wo SAWYER, E 9. industry or bu	ion, or particular ork dona, as SPINNER, BOOKKEEPER, atc usiness in which	Non	ormin.	ere as follows:  Prematurity 7 Mos.	ofonse
BILLOCO		ation (month and	II. Total	tima (years) ent in this cupation	Other Centributory Censes of importance:	
1	2. BIRTHPLACE (city (State or count		land.	Tremen		
Q	13, NAME	Olus Mo			None	
FATHER	14. BIRTHPLACE (	country) Mary	oridge, Jand.	R <b>t#2</b>	Name of operation Date of Manager Confirmed diagnosis? Was there an autopsy	0
MOTHER	15. MAIDEN NAME Telen Wangus Cambridge Rt # 2 16. BIRTHPLACE (city or town) Maryland.				23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	
	7. INFORMANT (Addrass)	Helen Wan Cambridge		ld.	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
1	8. BURIAL, CREMATIC Placa_FOX	kneck, Md		· 13th, 37	Manner of injury	
-	9. UNDERTAKER(Address)	David Windows Cambri	dge-Rt#	2, Md	24. Was disease or injury in any way related to occupation of deceased? NO if so, specify (Signed)	M.

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Arteriosclerosis QE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU	الثان		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			700

	CountyD	orchester				_ Registration D	ist. No. 11	6
	Village or City_	Cambridge	H . //		NoNoNorpital or instituti			
	Length of residence	e in city or town where d			How long in U.S. If of			
2	(a) Residence: I	Twin Baby No. Cambr	Boy Wan	2, Md.,	If U. S. Veteran, s	specify WAR		
	PERSONAL	AND STATIST	CAL PARTIC	CULARS	MEDICAL CE			
3. S	Male 4.0	color or RACE	5. SINGLE, MARI OR DIVORCEL	RIED, WIDOWED,	21. DATE OF DEATH	Mar.	12th	7
5e	If merried, widowed, o		Dane			(Month)	(Day)	(Yeer)
	HUSBAND of (or) WIFE of	4101000	х		Not at all	CERTIFY		
6. I	ATE OF BIRTH (mont	th, dey, and yeer) Mg	ar. 12th	. 1937	I last saw h alive on		, 19	
7. A		Months	Deys	If LESS than 1 day, 10hrs.	to heve occurred on the data steted The PRINCIPAL CAUSE OF DEATH were es follows:			1014
z	8. Trede, profession,	, or perticular	None					Oate otons
		done, as SPINNER, OKKEEPER, etc	710716		Prematurity (	7Mos.)		
UPA	9. Industry or busin work wes don SAW MILL RA	ies in which ie, as SILK MILL, ANK, etc	x					
OCCUPATION	10. Oata deceased les this occupation year)	st worked at n (month and	11. Total ti spen occu	me (years) It in this pation				
12.	BIRTHPLACE (city or t (State or country)		ridge, R Land.	t# 2	Other Contributory Causes of impor		•••••	
2	13. NAME		Molock					
13. NAME UIUS MOIOCK  14. BIRTHPLACE (city or town) Mary land.				Neme of operation		Date of	9.97	
2	15. MAIOEN NAME		n Wangus		23. If death wes due to external caus			
15. MAIOEN NAME Helen Wangus 16. BIRTHPLACE (city or town) (Stete or country) Maryland.					Accident, sulcide, or homicide? Where did injury occur?	Da	ate of Injury	, 19
17.		Helen Wang Cambridge	gus	Md.	Specify whether Injury occurred In	(Specify city or to	IE, or in PUBLIC I	PLACE.
18.	BURIAL, CREMATION, FORK Place	or REMOVAL Md.	Date 3713	/37 ,19	Menner of Injury			
19.	UNOERTAKER(Address)	David Wan Cambridge	gus Md		24. Was diseese or injury in any we		tion of deceesed?_	non
20.		137 0	,	Registar.	(Signed) The	nbridge,	Maryla	nd.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	þ	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		2-4
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

Q Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) marrie

Months

1937

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trede, profession, or perticular

9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.

this occupation (month and

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

10. Date deceesed last worked at

12. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER -(Address)

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

(or) WIFE of

7. AGE

OCCUPATION

HER

FAT

MOTHER

important.

LION

21. DATE OF DEATH

If LESS than

1 dey,\_\_\_\_hrs.

Registrar.

or\_\_\_\_min.

11. Total time (years) spent in this

ma

OCA

occupation \_\_\_

(Day)

If nonresident give city or town and State

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

(Year)

Oate of enset

22. I HEREBY CERTIFY. That I attended deceased from 2× 1936, to march 20, 1937

If U. S. Veteran, specify WAR\_

to have occurred on the data stated above, et 3 4-6 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Name of operation What tast confirmed diagnosis?\_\_\_\_\_

Was thera an autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?. Data of Injury ....

Where did Injury occur?\_\_\_\_\_

Specify whether Injury occurred In MDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury in any way releted to occupation of deceesed? If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

PHYSICIANS Exact classified. certificate. properly THIS may that 08 supplied terms, plain carefully in OF DEATH

BINDING

FOR

statement

RGIN RESERVED mation should CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis K 1931	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	OBH TO	July 5,1927	Peritonitis	3 days ago
	BURGAU			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1

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AGE should be

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	942
County Dewhole WITHIN CORPORATE LIM	Registration Dist. No. 116
Village or City Cambridge	NoSt,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of loreign birth?yrsds.
2. FULL NAME Carrie Waters	
(a) Residence: No. 3/4 Pine	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemel Coloud married	(Month) (Day) (Year)
5a/II marriad, widowed, or divorced HUSBAND of (or) WIFE of Charles Weter	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Twenty 19 1886	I last saw h eliva on, 19; deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 7:10-p-m.
5-0 3 2 1 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corney Thombasi 3.11.31
SAWYER, BOOKKEEPER, etc.	(Sulflent Buth)
work was done, as SILK MILL, Clyste soducting	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. lodustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceeded lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
Carltina	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Dony Dubmen	
14. BIRTHPLACE (city or town). Conditions	Name of operation Date of
(State of country) 8000000	What test confirmed diegnosis? Acotty Was there en autopsy?
15. MAIDEN NAME And Bridge 16. BIRTHPLACE (city or town)	23. II death was due to external causes (VIOL EVCE) fill in elso the following:
[6. BIRTHPLACE (city or town) Coulding	Accident, suicide, or homicide? Date of injury19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles (Address) 316	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Casallown, Maloate 5-14, 195/	Nature of injury
19. UNDERTAKER Lewis St. Bayrene	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED 3-13, 1937 John Snace Jr.	(Signed) Caralles Clary M. D.  (Address) From Falls 845
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	TE	LY.	Ω.	
	B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RM	X	cla	
	PE	d E	erly	icate
	IS A	state	prop	TION is very important. See instructions on back of certificate.
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1	-WR	mati	CAL	TIO
	B.	_		

STATE OF MARYLAND—CERTIFICATE OF DEATH 02917

Length of residence in city or town where death occurred 1 yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). yrs. mos ds. How long in U.S. If of foreign birth). Yrs. mos ds. How long in U.S. If of foreign birth). Yrs. mos ds. How long in U.S. If of foreign birth). Yrs. mos ds. How long in U.S. If of foreign birth). Yrs. mos depth yrs. Market of the World of the Wor	1. PLACE OF DEATH			(130)				
Village or City.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  1	CountyDorchester			Registration Dist. No. 116				
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2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc				(If	death occurred in a nospital or instit	ution, give its INAIVIE if	nstead of street and nu	imber)
(a) Residence: No. Salem, Maryland.  (b) Ward.  (c) War	Length of residence in			yrsmos	ds. How long In U.S. if	of foreign birth?	yrsmos.	ds.
(a) Residence: No.  (Usual place of abode)  FERSONAL AND STATISTICAL PARTICULARS  S. SEX  (Color or RACE  Color or RACE  SINGLE MARRIED, WIDOWD  SINGLE  (Month)  SINGLE MARRIED, WIDOWD  SINGLE SHAP  I HER SEX CERT IF  That I attended decembed in the case of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action of the date stated above, at 1 in the particular wine of olivery action.  SAW MILL, BANK, etc.  10-Date december of the date stated above, at 1 in the particular wine of olivery action.  SAW MILL, BANK, etc.  11-ST.  12-Date of the stated above, at 1 in the particular wine of olivery action.  SAW MILL, BANK, etc.  12-Date of the date stated above, at 1 in the particular wine of olivery action.  SAW MILL, BANK, etc.  13-Date of the particular wine of olivery action.  SAW MILL, BANK, etc.  13-Date of the particular wine of the particular wine of the date stated above, at 1 in the particular wine of the particular wi	2. FULL NAME	-		<b>4</b>	If U. S. Veteran,	, specify WAR		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE COLOPED COLOPED COLOPED COLOPED COLOPED SINGLE COLOR BRACE COLOR	(a) Residence: No.	parem,			St., Ward.			
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Sa. If married, wildowed, or divorced HUSEAND (Month) (Day) (Year) (Year) HUSEAND (TO) WHE of (CF) WHE						ERTIFICATE O	OF DEATH	
HUSBAND of (or) wife of x  6. DATE OF BIRTH (month, day, and year) Unknown  7. AGE Yeers Months Days II LESS then I day, hrs. or min.  3. Trade, profession, or particular kind of work done, as SPINNER, FARM SINUALL BANK, etc.  9. Involuting of business in which is spinner.  19. BIRTHPLACE (city or town) Norfolk  10. Date of business in which is spinner.  11. Total time (years) spinner.  12. BIRTHPLACE (city or town) X  13. NAME Unknown  14. BIRTHPLACE (city or town) X  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) X  (State or country)  17. INFORMANT Lewis H. Bayneum  18. BURIAL (REMATION, or REMOVAL Place Cambridge, Maryland.  19. UNDERTAKER Lewis H. Bayneum  19. UNDERTAKER Lew			s. single, mark or divorced Singl	(write the word)	21. DATE OF DEATH			193 <sup>7</sup> (Year)
6. DATE OF BIRTH (month, day, and year) Unknown  7. AGE Years Months Days If LESS then I day,	5a. If married, widowed, or di	vorced		/	Day 1 10	Q		
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Unknown   1dayhrs.   The PRINCETAL LAISE OF DEATH and related causes hi importance ware safellows.   Data do ormin.				If I FSS than	to have occurred on the date state	adabaya 10:A	m	deetii is seid
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12. BIRTHPLACE (city or town)   Norfolk	kind of work don	e, as SPINNER,	mre T		Chr or	and of	- Jack	·
12. BIRTHPLACE (city or town)   Norfolk	9. Industry or business	in which			11/10/	X No	10 -	
12. BIRTHPLACE (city or town)   Norfolk	work was done, a	s SILK MILL,	2110		XXYUU		2220	
12. BIRTHPLACE (city or town)   Norfolk	10. Date daceesed last w		11. Totel tir	ne (years)				
13. NAME   Unknown     14. BIRTHPLACE (city or town)   (State or country)   X   What test confirmed diagnosis?   Was there an autopoly   Was there a		1-0-7	6- occur	pation Life	17/1	27	M	
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What test confirmed diagnosis?  Was there an pulse of the	F DIDTUDI AGE (	X			Name of assertion ( ) S	-210	200	2000
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(Address) Cambridge, Maryland.  18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md Date 3/11/3719  19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  24. Was disease or injury in my way releted to occupation of deceased?  If so, specify	- (State of County)				(Specify city or to	wn, county and State)	)	
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Place Cambridge, Md. Date 3/11/3719 Nature of Injury Nature of Injury In I			THET'S TEL	ILL.		1 Duil	<i>5</i>	
19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Maryland.  24. Was disease or injury in my way releted to occupation of deceased?  If so, specify	Place Cambridge, Md Date 3/11/3719				7	)	**********	
(Address) Cambridge, Maryland. If so, specify								
7/10/77	19. UNDERTAKER Lewis H. Bayneum			1//	way releted to occupati	on of deceased?		
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20. FILED	20, FILED	,19 6	u m	race n	(Signed)	J. X.	X Long	7- /- M. D
Registrar. (Address)		A			(Address)	apopland	J. P. San	<

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ROKEAN CO.	. 4"		
Other contributory causes of importance:	e Medition	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis **.	1 year
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